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ABSTRACT

The author describes the emergence of community psychology and the disturbing elitism and authoritarianism which are characteristic of it, as well as the maintenance of individual rather than social explanations for phenomena. Disappointed by the absence of radical approaches to community psychology, he traces his personal search for a new definition of the role, beyond uplifting rhetoric and depressing reality. Acting on the idea that the place for psychology was in solving concrete and immediate problems, he became involved in the real lives of people by observing and listening. He began to use his psychological expertise in consultation, training, and research roles, and this evolved into the notion of the community psychologist as a resource broker whose function was to "give psychology away" by linking his bank of resources to a community which cared to use them. The community psychologist, in this sense, may work in a variety of communities or organizations, contributing problem-solving skills from the perspective of the "individual in social context." (Author/PC)

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THE EXPERIENCE OF DEFINING COMMUNITY PSYCHOLOGY

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Community psychology was born in the heady days of the last decade when plentiful federal funds were channeled through mental health, economic and social programs; directed presumably at the poor and the minorities. Out of social psychological theory and radical politics, entrepreneurial and idealistic clinical psychologists came together to squeeze the federal teat and to make sense out of their interventions into realms previously of interest mostly to social workers, public health nurses and politicians.

Like many others in the late 1960's, I was deeply concerned by the failures of the human service professions to make a dent in the social problems then engulfing our society. Community psychologists, in their discussions of community development, prevention, policy planning, political advocacy and paraprofessional training, appeared to me to be forging a middle way between alienating irrelevancies and angry negativism. Since I had a sabbatical coming up in 1972, I sought and received a fellowship permitting me to explore this new field. By the time I arrived on the scene, federal funds were drying up and the community fad was declining. I will admit to wondering at one point if I was to witness, first hand, the demise of the field.

My experience took place in a medical center setting, where a conservative approach to care giving to the community prevailed. (I found it surprising that the most interesting-appearing community psychology post-doctoral programs were located in medical schools rather than in graduate schools of arts and sciences or schools or public health. This was later explained to me as in

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medical schools no one really cares what the psychologists do.) The medical model prevailed and even seemed to distort the notion of prevention so that the "good guy" psychiatrist remediates a sick community. The deeply inbred elitism and authoritarianism as well as the belief in individual rather than social explanations for phenomena were characteristic.

My initial reaction to the medical center was that it was a psychologically depressed area. This assessment did not change as the result of experience with it. The deadening impact of reactive depression loomed over most settings where I met other professionals. The perceived impossibility of doing anything effective about complex social problems against the backdrop of medical omnipotence appeared to freeze potentiality much like the prince imprisoned in the frog. My reaction was: "There is no help here. They do not know anything that works for them." I perceived that I had three options. I could directly succumb to the depressio.. by becoming depressed myself. I could act out by becoming angry or cynical about how depressing it was. Or, I could assert myself to reduce the apathy which my depression fed upon. I looked around for help but it seemed to me that many of the bright and imaginative professionals I met had selected an isolated, competitive and independent style of asserting themselves. Finding liveliness and emotional support therefore was not only difficult but also was a simulation, it turned out, of the field of community mental health.

With the exception of doom occurrences, communication among persons and programs in the medical center was abominable. After only a few weeks into the program I knew more about what was going on, in near and remote corners of the medical center, than most people with whom I came into contact. As a result I became an information source for others. A number of my interests and projects required developing resources which I was told were unavailable. It turned out

they were often near at hand but unknown to others within the community mental health network. Together the characteristics of the environment--depression and poor communication--were saying to me, "If you don't do it, it is not going to get done." Knowing this stimulated me to face the foolishness of any expectancies I had of depending on others. Only then could I find ways to initiate action myself.

Early in the program, I began to wonder about the relevance of psychology to work in the community, particularly so in those communities where the profundity of survival problems call for political and economic rather than psychological strategies. What psychologists do seemed so peripheral when placed against the enormity of problems in the ghetto. I wondered about a social system that lavishly provided the luxury of mental health services and was tight about providing for the necessities of work, housing and food. I worried about being a player in a larger drama I could not entirely fathom which had to do with the social control of minority and poor peoples. I felt guilty about receiving a stipend for learning, in a setting which was surrounded by poverty. To be obsessed by such concerns would get nothing done but to suppress them would deny an important reality. I tried to remain aware of them while following where my learning took me.

My field placement in a child-community mental health agency was the setting in which I sought a definition for community psychology beyond uplifting rhetoric and depressing reality. My perplexities and hopes interacted with the constraints of an initially disappointing but nonetheless typically "real" situation (it wasn't an artificially supportive field placement). I never did see anything that looked much like what I had earlier thought to be community psychology. Any hope I had of gaining experience with the kind of creative problem solving which gives attention to new ways of serving community

needs was dashed on the twin rocks of professional dominance and bureaucracy. The community was distanced from influence roles by a host of paraprofessionals who looked like but did not represent the community. More sensitive to the community than professionals, the paraprofessionals were given second-class status and otherwise ignored. Co-opting paraprofessionals rationalized professional control over resources, permitting business as usual-getting threatening "crazies," deviants or acting-out minorities off the streets or otherwise cooled-off. Consultation and training modalities were approved of only if the targets were school personnel or staff of other agencies. Even then as modalities they were inferior because of the difficulty of fitting them into the direct service accountability formula. Internal organization development activitiy was antithetical to the bureaucratic organization values of the agency. It was clear by the mid-point of the program that the goals of my training program were counter-indicated at the agency. If I had not already had some good relationships at the agency, I would have felt my training objectives to be severely threatened. As it was, it was a personal crisis until I saw that this was my opportunity to learn about how to deal with constraints and to probe the dimensions of organizational resistance to change. It was at this point that my starry-eyed idealism dissipated and I focused on the concrete situation of trying to discover where people were, what they saw they needed, what I could reasonably do, and on building a support system--in effect, dealing with the increments of growth rather than the long range goals. Since I have come to believe that the incremental orientation is what has the potential to make things happen anyway, I really appreciate the fact that the narrow constraints made the situation so clear as to afford a remarkable opportunity to learn what can be done under such circumstances. This is the way it really is in most places, indicating the broad applicability of this experience.

It was at the point of genuinely accepting the constraints in the situation that I was able to perceive community psychology as a perspective on roles rather than a role itself. The focus on the dynamics of the interaction between the individual and the social context permits a broad view of the relationships between individual experiencing and behavior on one hand, and situational and social structures on the other. Personal and social problems can be treated as parts of one another, yet different expressions of similar underlying personal and social structures. For example, the acting-out behavior of a child in a ghetto school may be understood in two respects. It is a desperate and angry request for such necessities as security, support, limits and caring, as well as the expression of an oppressive social system which created an institutional climate characterized by devaluing, distancing, impersonal and hostile relationships. A kindergarten screening program to identify potential "problem" children can be understood to be a means of avoiding dealing with institutional hazards to growth, by "blaming the victim" under the guise of humanitarian prevention.

Neither "helping" nor "change agent" roles worked for me in the community despite a considerable amount of experience with both previously nor do they provide, I believe, a sufficient basis for a psychological sub-specialty. "Helping" shifts the focus of responsibility by depending too much on someone else deciding they need help. Dick Gregory's analogy is, the cowboy needs an Indian to be a cowboy. Likewise, change is great as long as it is the other guy who gets changed--anybody but the change agent. From this vantage point, entry via these roles into the real lives of people seemed to be facilitated by middle class values, dependency and coercion. The essential political nature of the professional stance relying on these roles is unmistakable, but open negotiation about these matters rarely occurs. Perhaps, this is why these

roles become distorted in practice. Unowned judgmentalness and projection by persons occupying these roles results in patronizing and omnipotent behaviors. I have seen both professionals and paraprofessionals make the error in working with parents, for example, of acting as if they were trying to help the parent while they were secretly blaming the parent for children's problems. Both roles also appeared to require a separation of status where the helper, for example, is up while the helpee is down, in order to make the roles work. In that sense, they maintained the very win-lose situation often responsible for the need for help or change in the first place.

Acting on the notion that the place for psychology was in solving concrete pieces of immediate problems, I found the role of a resource broker to work for me. The function of the broker is to give psychology away by becoming the conduit between a psychological knowledge bank on the one hand and a community which has a need for the knowledge in their own culture bank. The broker is unmistakably the agent of the community and acts as a go-between, retaining, however, the right to decide if he wants to be a party to committing resources to a community's purposes. The locus of responsibility for receiving the resources proceeds out of the initiative of the community. The problem of the community psychologist is instead to make entry into the real lives of people in their communities and to educate them about the availability of psychological knowledge and its relevance to their concerns. I patiently made myself available while doing some traditional consultation and training activities and listened hard to what people were concerned about. Initiating responses to their concerns became a demonstration of the relevance of my knowledge and skill and if they were satisfied about where I was coming from, the problem of entry was solved. Change that they wanted began to occur as a result of the introduction of knowledge into their lives and relationships. In my particular

experience this mostly included problem-solving techniques, information about psycho-social development and group process theory and skill. An important ingredient of the process was my working at understanding where a community was and really accepting that as the very best they could do given their circumstances. The growth agenda then became those circumstances they wanted to change. It was in this way that I developed a type of mutuality in working where the differences in the resources persons brought to a situation were not confused with differences in status.

In summary, I discovered community psychology to be a perspective, integrating, in thought and action, a sensitivity to individual and social factors in the phenomena of my experience. "Doing community psychology" means modeling the use of psychological knowledge relevant to the social context in which it is used, with openness, mutuality, choice and acceptance.